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Bib Data Sheet

CONFIRMATION NO. 8392

SERIAL NUMBER 10/697,666	FILING DATE 10/29/2003 RULE	CLASS 446	GROUP ART UNIT 3725	ATTORNEY DOCKET NO. 55985-20001.01
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APPLICANTS

John David Stanley Stanier, San Luis Obispo, CA;

** CONTINUING DATA *****

This application is a CON of 09/940,301 08/27/2001 PAT 6,688,940

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Benjamin M. O. BBN</i>	Examiner's Signature	Initials		

ADDRESS

25224
 MORRISON & FOERSTER, LLP
 555 WEST FIFTH STREET
 SUITE 3500
 LOS ANGELES, CA
 90013-1024

TITLE

Inflatable humanoid forms

FILING FEE RECEIVED 412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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